

STATE OF TENNESSEE OPTIONAL RETIREMENT PROGRAM



VERIFICATION OF EMPLOYEE TERMINATION

If you were a Tennessee Board of Regents employee and you need verification of termination of state employment to qualify for a partial lump sum payment from the ORP, have your last employer complete this form. Then attach this completed form to the partial lump sum distribution request you file with TIAA-CREF, ING, or AIG-VALIC.

(Remember that you must also submit your lifetime payout election at the same time you request a partial lump sum distribution.)

. TO BE COMPLETED B	Y EMPLOYEE			
Employee's Name				
Lasi		t	Middle	Maiden
2. Employee's Social Secu	rity No			
3. Employee's Address	Ctroot on Divisi Douts	Cit.	Ctata	7:- C- d-
	Street or Rural Route	City	State	Zip Code
I. TO BE COMPLETED BY	Y TECHNICAL SCHOOL, (COLLEGE, OR U	UNIVERSITY	
Last Employer	Name of Too	hnical School Co	llege or University	
	name or rec	ririicai Scriooi, Co	nege of Offiversity	
2. This individual's last paid	date was/will be	,	200	
II. VERIFICATION				
Signature of Institution's Des	signated Certifying Official			
Title	е			